

\_\_\_/\_\_\_/200

RE: \_\_\_\_\_ (dob : \_\_\_/\_\_\_/\_\_\_)

Dear Principal

I am requesting a full assessment in all areas of  
\_\_\_\_\_

suspected disabilities to determine if the above student qualifies for special help in school. If not done already, I think \_\_\_\_\_ needs psycho-educational testing to identify the student's strengths and weakness and to determine the child's learning disability.

I understand that the parent will be given an assessment plan authorizing the assessment within 15 days of the receipt of this request.

I am also requesting that an Individual Educational Plan (IEP) meeting be held within the time required by law so that the parent can obtain the results of the assessment; and that the parent can be apprised of the type of educational program their child requires.

I would appreciate a copy of the IEP be sent to me at the address on the letterhead.

Yours truly,

Robert Abrams, M.D.

I, \_\_\_\_\_ on this day \_\_\_/\_\_\_/\_\_\_ give consent to have a psycho-educational assessment of my child \_\_\_\_\_ to determine my child's specific learning disability. I also give permission to obtain records and share any future reports with mental health personnel, educators, and with personnel at Holyoke Pediatric Associates. Please forward a copy of my child's IEP to my primary care provider, \_\_\_\_\_

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Parent's Signature